

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
 DES MOINES, IA 50319  
 Fax: (515)281-3701  
 www.iowa.gov/ethics

Reset Form

## FORM-GBG

Gift, Bequest, or Grant information  
 received by a department or  
 accepted by the Governor on behalf  
 of the state

## For office use only

Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Checked \_\_\_\_\_  
 Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or	Glenwood Resource Center	
Mailing Address	711 South Vine Street	
Area Code & Telephone	Glenwood, Iowa 51534	ip Code

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Name	MARY JO DAVIS
Mailing Address	56138 230TH ST
Area Code & Telephone Number	GLENWOOD IA 51534
Email Address (optional)	

Date of Gift, Bequest, or Grant	12-12-07	Amount/Value*	\$ 172.00
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".			

Provide a description of the gift, bequest, or grant and purpose thereof: FOR CLIENT USE:

GLOVES, HATS, LIFESAVER CANDY, SOCKS, SUNGLASSES, TALL, AFTERSHAVE GEL

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, \_\_\_\_\_ affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

*Lisa Messinger*  
 Signature

1-23-08  
 Date

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## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Clarinda MHI	
Name of Department or Office	
Box 335	Clarinda, IA 51632
Mailing Address	City, State, Zip Code
712-542-2161 eXT 3317	
Area Code & Telephone No.	

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Sue RehwaldtHays@iowa.gov	712-542-2161 Ext. 3317
Email Address	Area Code & Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Family of Ed Anderson	
Name	
Mailing Address	City, State, Zip Code
712-542-2161 eXT 3317	
Area Code & Telephone Number	
Email Address (optional)	

12/07	\$ 500.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00"	

Provide a description of the gift, bequest, or grant and purpose thereof.

Personal belongings: clothing etc.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

Sue Rehwaldt Hays affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

1/28/08

Date

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319

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## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Clarinda MHI

Name of Department or Office

Box 338

Clarinda, IA 51632

Mailing Address

City, State, Zip Code

(515)542-2161 eXT 3317

Area Code &amp; Telephone No.

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Sue.RehwaldtHays@iowa.gov

(515)542-2161 Ext 3317

Email Address

Area Code &amp; Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Presbyterian Outreach Program

Name

Mailing Address

City, State, Zip Code

712-542-2161 eXT 3317

Area Code &amp; Telephone Number

Email Address (optional)

12/07

\$ 550.00

Date of Gift, Bequest, or Grant

Amount/Value\*

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00"

Provide a description of the gift, bequest, or grant and purpose thereof.

Gifts for the residents of the MHI

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of this state or received by the Governor on behalf of the state

## Statement of Affirmation:

I, Sue Rehwaldt Hays, affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

1/28/08

Date

2008 JAN 28 PM 1:20

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**  
 510 EAST 12<sup>TH</sup>, SUITE 1A  
 DES MOINES, IA 50319  
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**DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:**

Clarinda MHI  
 Name of Department or Office  
 Ext. \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Area Code & Telephone No. \_\_\_\_\_

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Sue Rehvaldt Hays  
 Name \_\_\_\_\_  
 Mailing Address (if different from above) \_\_\_\_\_  
 City, State, Zip (if different from above) \_\_\_\_\_  
 Sue.RehvaldtHays@iowa.gov  
 Email Address \_\_\_\_\_  
 Area Code & Telephone Number (if different from above) \_\_\_\_\_

**DONOR OF GIFT, BEQUEST, OR GRANT:**

Area Lutheran Churches  
 Name \_\_\_\_\_  
 Iowa  
 City, State, Zip Code \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 712-542-2161 eXT 3317  
 Area Code & Telephone Number \_\_\_\_\_  
 Email Address (optional) \_\_\_\_\_

12/07  
 Date of Gift, Bequest, or Grant  
 \$ 1,320.00  
 Amount/Value  
 \*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00"

Provide a description of the gift, bequest, or grant and purpose thereof

Gifts for the residents of the MHI

Criteria to use this form

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**Statement of Affirmation:**

I, Sue Rehvaldt Hays, affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

1/28/08

Date

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Clarinda MHI	
Name of Department or Office	
Box 338	Clarinda, IA 51632
Mailing Address	City, State, Zip Code
712-542-2161 eXT 3317	
Area Code & Telephone No.	

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Sue Rehwaldt Hays@iowa.gov	712-542-2161 Ext 3317
Email Address	Area Code & Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Employees of the Clarinda MHI	
Name	
Box 338	Clarinda, IA 51632
Mailing Address	City, State, Zip Code
712-542-2161 eXT 3317	
Area Code & Telephone Number	
Email Address (optional)	

12/07	\$ 1,125.00
Date of Gift, Bequest, or Grant	Amount/Value
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof

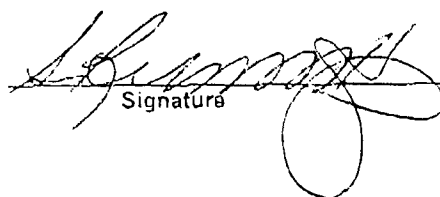
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Signature

1/28/08

Date